

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-10-3644-01
	DWC Claim #:	09129142
	Injured Employee:	HAROLD C JOHNSON
Respondent Name and Box #: ZURICH AMERICAN INSURANCE CO Box #: 19	Date of Injury:	09/16/08
	Employer Name:	OASIS ACQUISITION INC
	Insurance Carrier #:	0028255086

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary as stated on a fax cover sheet to Sylvia Lopez, Cambridge: "We have previously provided you with receipts for Mr. Johnson's payment for MRIs of the cervical and shoulder. You have chosen to ignore the request for reimbursement. When questioned via telephone communication, you have verbally indicated that you are refusing to reimburse Mr. Johnson for his out-of-pocket expense. Please provide us with an EOB with an explanation of the denial immediately."

Principle Documentation:

1. DWC 60 package
2. Receipts
3. Total Amount Sought \$1,300.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "This medical dispute should be dismissed. The dispute concerns reimbursement the claimant is seeking for medical treatment that he allegedly paid out-of-pocket for in December 2008. The treatment includes two MRI's. The dispute should be dismissed because it was not timely filed. The date of service for the two MRI's was December 11, 2008. The claimant allegedly paid for one MRI on the date of service, and the other MRI two weeks later. The request for medical dispute resolution was not filed until March 26, 2010, which is more than one year from the date of service. In addition, even though a compensability dispute existed, the compensability dispute was resolved with a December 7, 2009 contested case hearing. After receiving the Decision and Order finding a compensable injury, the claimant still waited more than sixty days before seeking medical dispute resolution. Thus, the request for medical dispute resolution was not timely, and this dispute should be dismissed. "

Principle Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
12/11/08	No EOBs submitted for the disputed date of service	Out-of-Pocket Expenses for MRI's	\$1,300.00	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. This dispute relates to out-of-pocket expenses with reimbursement subject to the provisions of Texas Admin. Code Section §133.270.
2. In accordance with 28 Texas Admin Code Section §133.307(c)(1)(B) a request may be filed later than one year after

the date of service if a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury or liability. The date of the Contested Case Hearing was December 7, 2009. Per a phone conversation with the injured workers representative, the Decision and Order was received on December 14, 2009; therefore, this dispute should have been filed with Medical Fee Dispute Resolution on or before February 15, 2010.

3. Pursuant the Texas Admin. Code Section §133.307(e)(3)(E) the Division concludes that this dispute was not submitted timely. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
Texas Administrative Code Sec. §133.270, §133.305, §133.307, and §134.503

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

June 25, 2010

Authorized Signature

Auditor III
Medical Fee Dispute Resolution

Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.